				ρ,	HEALTH AND WELF	. // XCA	mary Registration [District No. 300	43 Registrar's N	ın /		STATE FILE N	NUMBER
NOT WRITE THIS STUB		AMEND	ED			7 8 4	mary kegistranon i	5/3///C/ 140: 1	T-20CKey(S)) at 14	9		. ,	
				1.	PLACE OF BEATT JAN	9 1963			J1			d. If institution	: Residence before
/S 300	윤					artion	: 		a. STATE	souri b. C	COUNTY M:	arion_	admission)
/. 4/59					b. CITY (If outside corpora OR	ate limits, give TOWN	ISHIP only)	Length of stay in 1b	ll c. CITY			31 W O11	Inside Limits
اميرا	ΙŠ	.			town Ha	nnibal				lannihal			Yes D No D
<u>,48</u>	in A	1	 		c. FULL NAME OF (IF NOT HOSPITAL OR	in hospital, give loc	ation)	Inside Limits	d. STREET ADDRESS	(1	If cutside, s	give location)	Reside on Farm
48	DATE AMENDED			l	INSTITUTION D.	O.A.Leve	ring -	Yes 🔀 No 🗆	<u> </u>	2927	St.M	arvs	Yes D No D
, 		 	† 	3.	NAME OF DECEASED	First	M	liddle	Last	4. DATE	Mor	nth Day	Year
				ŀ	(Type or print)	T A NTTP	v	OUNG S	HTTMS	OF DEATH	-		
٠.				5	. SEX 6.	COLOR OR RACE	7. Married				Janua Hanua	TIF UNDER TYEA	963 KR 1F UNDER 24 HR
							Widowed 🗅		1 -	1001	2.4	Months Days	
					'emale W a. USUAL OCCUPATION (GIV	hite	10b. KIND OF B	USINESS OR INDUSTR	Oct.26	LHZ4	pr country).	<u> </u>	F WHAT COUNTRY
İ	2				during most of working lif		L	l Nationa	i	Laddoni		1	
_	5			13	. Employae			THER'S MAIDEN NAM				USBAND OR WIL	FE
2		1			Jerry S.Yo	າກຕ	R11	th Self					
7	2				. WAS DECEASED EVER IN	U.S. ARMED FORCES	7 <u>16. SO</u>	CIAL SECURITY NO.	17. INFORMANT			Address	
	<			(*	es, no, or unknown) i (If yes,	give war or dates of	servi		Jerry	S.Young	r Hanr	nibal M	issoot
<u> </u>	Ž] [=	-	18. CAUSE OF DEATH (Ent.	er only one cause pe	r line			DITOMA		1 '	NTERVAL BETWEEN
- 1	. l.	1 1			PAKI I. DEA	AIN WAS CAUSED D	T: A						ONSET AND DEATH
— 13	힘	1 1				IMMEDIATE CAUCE 4	المدال ا	مددوها مدرود	adio 2	July Ti	_	j `	
- 10	ソして]	5		ı	IMMEDIATE CAUSE (o) last	esen Myse	adeal ?	nfenction	-		
	ソして		DOCUMENT					esen Myse	aded ?	mfanction			
0	ソして		DOCU		Conditions, it which gave r	f any, DUE TO (esen Myse	anders 3	nfunction			
-0	FEAD		DOCUA		Conditions, if which gave readers cause stating the control of the	f any, DUE TO (rise to a a (a), under-	(b)	esen Muzze	anderf 3	nfenction			·
0	INSTEAD (DOCUN	2	Conditions, if which gave response cause stating the Leving cause	f any, put to (tise to (a (a), ounder- last. DUE TO	(c)	ITRIBUTING TO DEAT	H but not related	infenction	PART	III. If deceased	. was female wa
2	INSTEAD (DOCUN	VION	Conditions, it which gave response cause stating the ulying cause	f any, put to (tise to (a (a), ounder- last. DUE TO	(c)	ITRIBUTING TO DEAT	H but not related	to the terminal	PART	III. If deceased there a pregi	was female wa nancy in last 90 days
2	INSTEAD (DOCUN	FICATION	Conditions, it which gave response cause stating the ulying cause	if any, DUE TO (rise to a (a), under- last. DUE TO (THER SIGNIFICANT (sease condition given	(c)CONDITIONS CON in PART I (a)					III. If deceased there a pregi	was female was nancy in last 90 days 3 No Unknown
2	INSTEAD (DOCUN	RTIFICATION	Conditions, if which gave response cause stating the Light Cause PART II. Of dis	if any, DUE TO rise to a (a), under-last. DUE TO THER SIGNIFICANT assess condition given	(c)		H but not related			III. If deceased there a pregi	was female was nancy in last 90 days 3 No Unknown
2	INSTEAD (NO DOCON	I CERTIFICATION	Conditions, if which gave response stating the clying cause PART II. OT dis 19. WAS AUTOPSY PERFORMED? YES A. NO	of any, control of any, control of a (a), contro	(c)					III. If deceased there a pregi	was female was nancy in last 90 days 3 No Unknown
0	INSTEAD (DOCON		Conditions, if which gave response stating the clying cause PART II. OT dis 19. WAS AUTOPSY PERFORMED? YES A. NO	if any, DUE TO rise to a (a), under-last. DUE TO THER SIGNIFICANT assess condition given	(c)					III. If deceased there a pregi	was female was nancy in last 90 days 3 No Unknown
0	INSTEAD (POCON	MEDICAL CERTIFICATION	Conditions, if which gave response stating the use of the use stating the use of the use stating the use of th	f any, prise to a (a), under-last. DUE TO THER SIGNIFICANT sease condition given ACCIDENT SUICI	(c)CONDITIONS CON in PART I (a) DE HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter nature		III. If deceased there a pregi	was female was nancy in last 90 days No Unknown Il of item 18.)
0	INSTEAD (DOCON		Conditions, if which gave reabove cause stating the Large part of	of any, rise to a large to a larg	(c)CONDITIONS CON in PART I (a) DE HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter nature		III. If deceased there a pregi	was female was nancy in last 90 days 3 No Unknown
0 2	AMENDMENIS ON THIS KELD		pocny		Conditions, if which gave responses to thing the Leving cause stating the Leving cause PART II. Of dis 19. WAS AUTOPSY PERFORMED? YES A. NO	of any, rise to a large to a larg	(c)	20b. DESCRIBE HO	W INJURY OCCURRI	ED. (Enter nature	of injury in	III. If deceased there a pregion of the pregion of the part of the	was female was nancy in last 90 days No Unknown Il of item 18.)
0 0	AMENDMENIS ON THIS KELD		pocúv		Conditions, if which gave reabove cause stating the Large part of	f any, prise to a (a), under-last. DUE TO THER SIGNIFICANT Sease condition given ACCIDENT SUICIL Month, Day, Year 20e. PLAC farm,	(c)	20b. DESCRIBE HO	W INJURY OCCURRI	ED. (Enter nature	of injury in	III. If deceased there a pregi	was female was nancy in last 90 days No Unknown Il of item 18.)
00	READ INSTEAD (INSTEAD C		pocúv	MEDICAL	Conditions, if which gave reabove, cause stating the unique part of the lying cause PART II. OT dis 19. WAS AUTOPSY PERFORMED? YES NO 2 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK CAN WHILE AT WORK	f any, prise to a (a), under-last. DUE TO THER SIGNIFICANT Sease condition given ACCIDENT SUICIL Month, Day, Year 20e. PLAC farm,	(c)	20b. DESCRIBE HO	W INJURY OCCURRI	ED. (Enter nature OR LOCATION and last saw her	of injury in	iii. If deceased there a pregit PART I or PART	was female was nancy in last 90 days No Unknown If of item 18.) STATE causes stated.
0 0	READ INSTEAD (INSTEAD C			MEDICAL	Conditions, if which gave reabove cause stating data stating the Legislating t	f eny, rise to a last. DUE TO rise to a last. ACCIDENT SUICII Month, Day, Year 20e. PLAC farm, ad from	(c)	20b. DESCRIBE HO	201, CITY, TOWN,	ED. (Enter nature OR LOCATION and last sew her	of injury in	iii. If deceased there a pregit PART I or PART	was female was nancy in last 90 days No Unknown If of item 18.) STATE causes stated.
0 2	READ INSTEAD (INSTEAD C		OF	MEDICAL	Conditions, if which gave reabove cases stating data stating the Legislating t	f eny, rise to a last. DUE TO rise to a last. ACCIDENT SUICII Month, Day, Year 20e. PLAC farm, ad from	(c)	20b. DESCRIBE HO	20f, CITY, TOWN, C	ED. (Enter nature OR LOCATION and last sew her	of injury in	iii. If deceased there a pregit PART I or PART	was female was nancy in last 90 days No Unknown If of item 18.) STATE causes stated.
7	AMENDMENIS ON THIS KELD		/IT OF	MEDICAL MEDICAL	Conditions, if which gave reabove cause stating the use ready stating ready stat	f eny, rise to a last. DUE TO rise to a last. ACCIDENT SUICII Month, Day, Year 20e. PLAC farm, ad from	(c) (c) CONDITIONS CON IN PART I (a) DE HOMICIDE E OF INJURY (e.g., factory, street, off	in or about home, ice bldg., etc.)	20f, CITY, TOWN, Comments of the date stated above 22b. ADDRESS	ED. (Enter nature OR LOCATION and last sew her	of injury in	III. If deceased there a pregion of the part I or PART COUNTY 4/1/62 wiedge, from the	was female was nancy in last 90 days No Unknown If of item 18.) STATE causes stated.
0	SHOULD READ INSTEAD		/IT OF	MEDICAL MEDICAL	Conditions, if which gave reabove, cause stating the unique reaction of the lying cause o	f eny, prise to a last. DUE TO rise to a last. DUE TO THER SIGNIFICANT seems condition given to the condition of the conditio	(c)	20b. DESCRIBE HO in or about home, ice bldg., etc.) to m on the	20f. CITY, TOWN, Compared above 22b. ADDRESS	OR LOCATION and last saw her him , and to the best	of injury in	III. If deceased there a pregi	was female wannancy in last 90 days No Unknown It of item 18.) STATE causes stated. 22c. DATE SIGNED 1/3/63 (State)
0 0	NO. SHOULD READ INSTEAD		/IT OF	MEDICAL MEDICAL	Conditions, if which gave reabove cause stating the use of the state o	f any, rise to a label of the first to a label of the	(c) CONDITIONS CON in PART I (a) DE HOMICIDE E OF INJURY (e.g., fectory, street, off 23c. NAME Cras	in or about home, ice bldg., etc.) m on the control of CEMETERY OR CRI	20f. CITY. TOWN, C	OR LOCATION and last saw her him , and to the best	of injury in	COUNTY A///cs wiedge, from the	was female wannancy in last 90 days No Unknown It of item 18.) STATE causes stated. 22c. DATE SIGNED 1/3/63 (State)
0	SHOULD READ INSTEAD		OF	MEDICAL MEDICAL	Conditions, if which gave reabove cause stating the use ready stating ready stat	f any, rise to a label of the first to a label of the	(c) CONDITIONS CON in PART I (a) DE HOMICIDE E OF INJURY (e.g., fectory, street, off 23c. NAME Cras	in or about home, ice bldg., etc.) m on the control of CEMETERY OR CRI	20f. CITY. TOWN, C	OR LOCATION and last saw her him , and to the best 23d. LOCATION REG. 26. REG.	of injury in alive on of my know	COUNTY A///cs wiedge, from the	was female wanner in last 90 days No Unknown It of item 18.) STATE causes stated. 22c. DATE SIGNED 1/3/63 (State) OURL

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATEMENT BY LICENSED EMBALMER

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or by						
working under my personal supervision.	I shan					
Student Signature of Student Embalmer	Signed					
	Licensed Embalmer No. 4540					
	P. O. Address Hannibal Missouri					

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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